WS AM-01 PROVIDER PARTICIPATION CONTRACTS AND/OR AGREEMENTS

Part 1

	IPA/Group/Provider Name First Tier & Downstream Contracts and/or Agreements	Provider Name (& UPIN #:)	Provider Name: (& UPIN #:)					
Element	HCFA REGULATIONS - 42 CFR 422	Check if in Contract	Check if in Contract	Check if in Contract	Check if in Contract	Check if in Contract	Check if in Contract	
	All Provider Contracts							
	Provider Specific (reg. Applies to only certain providers, complete if applicable)							
AM10a	Gives HHS, GAO and designees right to audit etc for 6 years 422.502(e)(2); 422.502(e)(3); 422.502(i)(2)(ii); 422.502(e)(4)							
AM10b	Comply with confidentiality and enrollee record accuracy requirements Safeguard privacy and maintain records in accurate and timely manner 422.502(a)(13); 422.118							
AM10j	Hold harmless provisions 422.502(g)(1)(i)							
AM10k	Continuation of benefits for duration of contract period 422.502(g)(2)(I),422.502(g)(2)(ii),422.502(g)(3), opl 98.077 revised							
AM10I	Specify delegation requirements in manner consistent with reg 422.502(i)(3)(iii); 422.502(i)(4)							
AM10n	Prompt payment 422.520(b)							
AM10p	Submission of encounter data, medical records and certify completeness and truthfulness 422.502(a)(8); 422.502(1)(2) & (3)							
AM10u	Accountability provisions 422.502(i)(3)(ii)(A)							
AM10x	Comply with applicable Medicare laws and regulations 422.502(i)(4)(v)							

A sample of executed contracts from all contracting levels (first tier and down stream entities) should be reviewed by HCFA staff to verify required provisions are included in provider contracts AM10a-x. Model provider contracts should be reviewed to verify required provisions separately from the sample of executed contracts.

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WS AM-01 PROVIDER PARTICIPATION CONTRACTS AND/OR, AGREEMENTS OR POLICIES AND PROCEDURES

Part 2

	IPA/Group/Provider Name First Tier & Downstream Contracts, and /or Agreements or Policies and Procedures	Provider Name (& UPIN #:)	If applicable, Provider Name: (& UPIN #:)	If applicable, Provider Name: (& UPIN #:)	If applicable, Provider Name: (& UPIN #:)	If applicable, Provider Name: (& UPIN #:)	If applicable, Provider Name: (& UPIN #:)
Element	HCFA REGULATIONS - 42 CFR 422	Check if in Contract Indicate where found by writing "C" for Contract and/or "P" for Policies & Procedures	Check if in Contract				
	All Provider Contracts						
	Provider Specific (reg. Applies to only certain provided in the provided in th	lers, complete if a	pplicable)				
AM10c	Prohibition against discrimination based on health status 422.110(a)						
AM10d	Direct access to mammography and influenza vaccinations 422.100(h)(1)						
AM10e	No copay for influenza and pneumoccocal vaccines 422.100(h)(2)						
AM10f	Direct access to women's specialist for routine and preventive services 422.112(a)(3)						
AM10g	Approved procedures to identify, assess and establish treatment plan for serious and complex conditions Written standards for access to benefits in a manner described by HCFA (i.e., hours of operation are convenient to the population served.) 422.112(a)(4)(8)						
AM10h	Conduct health assessment of new enrollee within 90 days of enrollment 422.112(b)(5)(i)						
AM10I	Provide services in a manner consistent with professionally recognized standards of care 422.502(a)(3)(iii)						
AM10m	Payment and incentive arrangements specified Cross refer Ia04(b) 422.208						
AM10o	Subject to laws applicable to federal funds Comply with						

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	Civil Rights Act, ADA, Age Discrimination Act, federal funds laws Cross refer EE01 422.502(h)(2)			
AM10r	Comply with medical policy,QM and MM, develop standards in consultation with participating providers, Cooperate with quality review and improvement organization (review organization) 422.202(b); 422.502(a)(5),422.154(a)			
AM10s	Notification of reason for denial, suspension & termination 422.204(c)(1)			
AM10t	Provide 60 days notice (terninating contract without cause) 422.204(c)(4)			
AM10v	Prohibition of use of excluded practitioners 422.752(a)(8)			
AM10w	Adhere to appeals procedures 422.562(a)			

If contracts are reviewed, a sample of executed contracts from all contracting levels (first tier and down stream entities) should be reviewed by HCFA staff to verify required provisions are included in provider contracts AM10a-x. Model provider contracts should be reviewed to verify required provisions separately from the sample of executed contracts.

If written policies and procedures are reviewed, ensure that they are easily accessible to all contracted providers. Note: only one box in a row needs to be checked when requirement is found in policies and procedures.

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